

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVD SUITE 801	
(c) City, State and ZIP Code ARLINGTON VA 22209	3. FEC Identification Number C C90010646
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only Name of Employer _____ Occupation _____	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS**1525.00****7. TOTAL INDEPENDENT EXPENDITURES**.....**7157.86**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

DIANE ELIZABETH CUTRI

10/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)
FEMINIST MAJORITY

A. Full Name (Last, First, Middle Initial)

DONORS VARIOUS

Mailing Address

40 INDIVIDUAL DONORS
CONTRIBUTIONS \$200 AND UNDER

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: F56.000001

Amount of Each Receipt this Period

1525.00

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page carry total to Line 6)

1525.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
AGF MEDIA SERVICES

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
14932 DELANO STREET

Amount

235.96

City State Zip Code
VAN NUYS CA 91411Purpose of Expenditure
EQUIPMENT RENTALCategory/
TypeOffice Sought: ☐ House State: CASenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought 235.96Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ALEXANDRA TWETEN

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
2231 N. NIAGRA STREET

Amount

480.00

City State Zip Code
BURBANK CA 91504Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CASenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought 805.00Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
ANA LEONOR

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
6507 TRIGO ROAD

Amount

105.00

City State Zip Code
GOLETA CA 93117Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CASenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought 105.00Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

820.96

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
ANGELA CHANG

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
2610 HILLEGASS AVENUE

Amount

25.00

City State Zip Code
BERKELEY CA 94704Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 25.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
DANA ANN DREHER

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
3953 A FILLMORE STREET

Amount

1200.00

City State Zip Code
ST. LOUIS MO 63116Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1545.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
EMILY ELIZABETH WICK

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
9346 LAKEWOOD DRIVE

Amount

235.00

City State Zip Code
WINDSOR CA 95492Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 235.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1460.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
HANNA ISRAEL

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
148 N. CHESTER AVE.

Amount

110.00

City State Zip Code
PASADENA CA 91106Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 110.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
KELLSEY LAUREN BEAL

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
531 LAUSEN MALL
PO BOX 17186

Amount

180.00

City State Zip Code
STANFORD CA 94309Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 180.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
LAURA COKER

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
2307 I STREET, #6

Amount

155.00

City State Zip Code
SACRAMENTO CA 95816Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 155.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

445.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MIRANDA ANN BRENDLEN

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
1310 TURK STREET
APT 508

Amount

160.00

City State Zip Code
SAN FRANCISCO CA 94115Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 160.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MIRANDA PETERSON

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
2029 OLYMPIC BLVD.

Amount

1200.00

City State Zip Code
SANTA MONICA CA 90404Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2805.01Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MON-SHANE CHOU

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
37 WEST MAGNA VISTA AVE.

Amount

90.00

City State Zip Code
ARCADIA CA 91007Purpose of Expenditure
CONSULTANT/CONTRACT SERVICECategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 90.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1450.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
MONICA RUIZ

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
1036 W. 95TH STREET

Amount

282.50

City State Zip Code
LOS ANGELES CA 90044Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 282.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
MONICA VIERA

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
1601 EARL WARREN DRIVE

Amount

140.00

City State Zip Code
LONG BEACH CA 90815Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 140.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
NEEKTA KHORSAND

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
15282 NANTES

Amount

415.00

City State Zip Code
IRVINE CA 92604Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 523.14Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

837.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
NEEKTA KHORSAND

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
15282 NANTES

Amount

81.20

City
IRVINEState
CAZip Code
92604Purpose of Expenditure
TRAVEL EXPENSE REIMBURSEMENTCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

604.34

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SARAH GODAY

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
10950 CHURCH STREET

Amount

629.00

City

RANCHO CUCAMONGA

State
CAZip Code
91730Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

1286.32

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SARAH GODAY

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
10950 CHURCH STREET

Amount

512.87

City

RANCHO CUCAMONGA

State
CAZip Code
91730Purpose of Expenditure
TRAVEL EXPENSESCategory/
Type

Office Sought:

☐ House

State: CA

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

1799.19

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1223.07

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SARAH MOORS

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
1016 NE 12TH AVENUE

Amount

32.73

City State Zip Code
GAINESVILLE FL 32601Purpose of Expenditure
TRAVEL EXPENSESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 32.73Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SARAH PADILLA

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
2261 CHANTILLY TERRACE

Amount

115.00

City State Zip Code
ORIEDO FL 32765Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 115.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
SOPHIA FATIMA HANJANI

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
38640 GLENMOOR DRIVE

Amount

110.00

City State Zip Code
FREMONT CA 94536Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 110.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

257.73

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
SUZANNE ROCCO

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
526 W. MCELHANY

Amount

55.00

City State Zip Code
SANTA MARIA CA 93458Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 55.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
TAYLOR VICTORIA OCONNOR

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
639 W. CANON PERDIDO

Amount

380.00

City State Zip Code
SANTA BARBARA CA 93101Purpose of Expenditure
CONSULTANT/CONTRACT SERVICECategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 380.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
YESENIA ACOSTA

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
251 EAST AVE. P4

Amount

210.00

City State Zip Code
PALMDALE CA 93550Purpose of Expenditure
CONSULTANT/CONTRACT SERVICESCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 210.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

645.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
YESENIA ACOSTA

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Mailing Address
251 EAST AVE. P4

Amount

18.60

City
PALMDALEState
CAZip Code
93550Purpose of Expenditure
OFFICE SUPPLIESCategory/
Type

Office Sought:

☐

House

State: CA

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BARBARA BOXERCalendar Year-To-Date Per Election
for Office Sought

228.60

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

18.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

7157.86